DECLARATION AND POWER OF ATTORNEY

				:				E	ocket No	.:600.1281	
As a below na	med inventor, I h	nereby declare th	at:								
My residence,	post office addr	ess and citizensh	ip are a	as stated	belov	v next to my na	ame.				
		t and sole invent of the subject ma									
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as amended b	y any amendme	ewed and unders nt referred to abo	ve.								
		lose all informations deral Regulations			to m	e to be materia	al to the pa	atentability o	of this app	olication as	
application(s)	for patent or inv	ly benefits unde entor's certificate or's certificate ha	e listed	below ar	nd ha	ive also identil	fied below	any foreig	n.and/or.	provisional	
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and belief are statements an	believed to be the like so made	nents made herei true; and furthe de are punishable ments may jeopa	er that by fin	these sta e or impri	atem isonn	ents were ma nent, or both, u	de with the	ne knowled 18, United	ge that v States Co	villful false	
Full name of sole or first inventor	1					name of itional Inventor			The real section of the section of t		
Inventor's signature			· 		Inve	ntor's signature				·	
Date					Date	•		•			
Residence Barrington, NH					Res	idence				· ·	
Post Office Address						t Office ress				The state of the s	
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